



Project: Documenting COVID-19: Stony Brook University Experiences

Title: Oral History Interview with Megan Cosgrove

Narrator: Megan Cosgrove (MC)

Interviewer: Jamie Saragossi (JS)

Date of Interview: 03/05/2021

Location: Zencastr (remote)

Transcriber: Kelly Chan, Jamie Saragossi, Chris Kretz

Interview Length: 00:39:24

Summary: Megan Cosgrove is a medical student specializing in neurosurgery and set to graduate in 2021. In this interview, she relates how the pandemic affected her and her fellow medical students. She discusses her work as a Senator for the Class of 2020, liaising between students and administration, as well as a range of experiences including doing rotations and conducting virtual interviews for her residency.

00:00:01

JS: Okay, today is March 5, 2021. This is Jamie Saragossi of Stony Brook University Libraries interviewing Megan Cosgrove for the COVID-19: Documenting Stony Brook University Experiences project. Megan, thank you for sharing your experience with us and contributing to this project.

Can you tell us to start, what is your relationship with the university and how long have you been here?

00:00:28

MC: Sure. Thank you so much, Jamie, for inviting me to do this. So my name is Megan. I'm a fourth-year medical student right now. I have been at—a medical student at Stony Brook since August 2016.

00:00:45

JS: Great. So right before COVID hit, what were you working on during that semester?

00:00:53

MC: Yeah, so I actually was doing my research year. I'm applying for residency right now in neurosurgery which is a competitive specialty in medicine. So I decided to do a research year to make sure my application was as competitive as it could be when I was applying for residency. So I was doing that in 2019 to 2020, and I was due to go back to medical school in July of 2020. So I was in the middle of my research year, and I was—but I was still serving as the Class Senator, as the Senator of my previous class that I was supposed to originally graduate with, which was Class of 2020.

00:01:41

JS: And when do you first remember hearing about COVID, and do you recall the initial feelings that you had about it?

00:01:50

MC: Yeah. So I remember when I was working in our department here, the research coordinator that I worked pretty closely with was following the COVID coverage in the news very, very closely. And that was probably around January. And she was watching the Johns Hopkins map kind of increasingly get more condensed when, you know, cases started spreading from China, across Europe, and then eventually reached here in the US. So probably about, around January, mid-January.

00:02:27

JS: And do you remember what your level of concern was at the time, when you first were tracking the cases in China and Europe?

00:02:36

MC: You know, I think I—I knew that inevitably it would come here because travel is just so—it's just something people do on a daily basis, and we're all so well connected that, you know, it would be kind of—it would be a shock if it didn't reach the US. But I remember not even really having an appreciation of the magnitude of what that meant, the fact that things might come to a complete stop. I guess I kind of was hoping that it would eventually come here but we would have a way of addressing the situation in a way that didn't impact society to the extent that it did.

00:03:29

JS: And during this time, when this was all unfolding, do you remember how you learned about the changes to the medical school operations or the Stony Brook campus in general as part of their response to COVID?

00:03:46

MC: Yes. So as the Senator for the Class of 2020, we heard—I guess the initial kind of message that I heard was like—it was probably this week last year, the first week in March. So Match Day for medical students is typically mid-March. It's a—this year it's March 19. And it's a really big celebration. Pretty much every medical student looks forward to this day. It's where they find out where they're going to be training for the next three to seven years of their life. And at Stony Brook, we usually have this big ceremony and families can come, and friends, and, you know, you have this countdown. Everybody opens their envelope and finds out where they've matched to.

And so my first—the first thing that was kind of impacted for us, for that class at least, was Match Day. And we heard that the first thing that the school kind of did was, they said that they weren't going to have any outsiders. They weren't going to allow anybody that wasn't a student at Stony Brook to attend Match Day. And so I, along with the rest of the medical students, were—this was before the country sort of shut down and so everybody was very upset about it and they kind of handled it in different ways. But the students were kind of like, Well, our families are the ones who supported us throughout medical school so if they can't be there, then we'd rather be with our families than be at the school to find out where our match is.

That was probably either end of February or very beginning of March of last year.

00:05:45

JS: And how did the school handle Match Day? Are you aware of what the solution was, to be able to address the public health concerns but also the student concerns?

00:06:02

MC: So we had many meetings about this and initially they said, Okay, we'll have an in-person celebration, but it's only going to be invited—only the medical students can be there.

And then—this is around the same time that students were really upset about this. They wanted to be able to celebrate with their friends and family as well. So there were a group of students who tried to come up with an alternative plan on their own. And I remember—as my role as a senator is sort of the liaison between the administration and the students—I was trying to make everybody happy and, you know, hear the concerns of both sides and come to sort of an agreement. And I was also learning, along with the students, what it even meant that—why we couldn't have the in-person celebration.

And so I remember distinctly talking to one of my—one of the students who was matching that year. And she was trying to put together this celebration outside of Stony Brook and, you know, she really put a lot of thought into it. She came up with a place and they had made a—the place that they chose had a capacity of three hundred people, I believe. And she was like, well, you know, hopefully it's a nice day and if there are some older people that attend, like people's

grandparents or people who just aren't as healthy, we'll make sure that they have a spot indoors. But there's also this nice park outdoors, so the students and people who don't need to sit, for example, they can be outdoors and we'll make sure everybody who needs a seat can stay indoors. And I remember saying to her, I was like, "You know, I think that this is the type of thing that maybe those people shouldn't even go to because they're at the highest risk for COVID."

Just to point out that, even as medical students and even as professionals, we were all kind of learning at the same time the gravity of the situation. The very last meeting that I remember having with the deans, when we learned that, unfortunately, the Match Day was essentially cancelled—any celebrations were cancelled. This external one that was being planned—or any one at Stony Brook, and everything—was going to be done virtually.

I remember my co-senators and I were asking the deans, even if we have a virtual meeting where you kind of help us to understand how to handle this situation—because we're talking to our family members, too, and trying to address why we need to start wearing masks, and washing our hands for a really long time, and all that kind of stuff. The deans are even saying, We've never experienced this before. The last—you know, if you think about the Spanish Flu, that was over a hundred years ago. So it was a big learning experience for all of us.

Eventually the Match Day was moved to a completely virtual celebration which I actually did attend. And I think it was better than I had expected it to be because Match Day, when it's in person, everybody's there, but you're all sort of off doing your own thing. At Stony Brook, at least. There's no—everybody opens their envelope individually, and they're kind of with their families and friends and you kind of celebrate together. But on the virtual platform they had an opportunity for students to come on to the Zoom and say, Hey, I'm Megan and I matched in neurosurgery at wherever. And I thought that was kind of nice because everybody got their spotlight. It wasn't what they expected, but it was the best that we could do at the time.

00:10:23

JS: I think that was the general motto for 2020. Okay, you've mentioned a little bit about your role as the Student Senator in this regard, to Match Day. But could you talk a little bit about some of your other activities or some of the things that you've had to do to accommodate your classmates and assist with the School of Medicine in that capacity during COVID?

00:10:57

MC: Sure. The other big thing about how this affected the Class of 2020 was the fact that, as of mid-March, the—any clinical rotation was suspended temporarily. So I think from mid-March to the beginning of June, medical students were not working in the hospital. Which is essentially the only thing that fourth-year medical students are doing at that point. So they actually decided to graduate the Class of 2020 early. They graduated about six weeks early from medical school. And part of that was because they weren't—they knew at that point everything was fluid. So it

wasn't like the June 1 date was set at that time—that that was when medical students would go back to the hospital. But they knew that there probably would be a period of time where the students were not able to do their clinical rotations and that corresponded to the last two months of the fourth-year medical students' education. And they also—you know, the staff at Stony Brook, there was a lot of patients that were being admitted with COVID. So they took the opportunity to graduate the students early, and they offered the new graduates jobs at Stony Brook and Winthrop. I think about half of the class ended up taking advantage of this and they worked for either six or eight weeks before starting their residency, managing the COVID unit.

You know, this was something that was unexpected, and there was a lot of—because it was a position that was essentially created. I think they were called “assistant physicians” because they weren't technically in a residency program yet. But there was a lot—nobody had done this before. There were never assistant physicians before. So the school had to sort of figure out, well, you know, what is the pay going to be? What are the hours going to be? Students had concerns about, If I take this position, who do I live with? Am I going to be going to the hospital and bringing home the virus to my family?

And so I had to help field those concerns and try to liaise with the administration. And eventually I know some of the students decided not to participate in this because they felt that it was too high a risk—for whatever reason. Maybe they themselves had a medical condition that put them at risk, or they were living with somebody who did. Or just logistically. I mean this—after Match Day, senior medical students usually spend the next two months figuring out where to live. I know that some of my friends, they were moving out of state for residency, and their residency program wanted them to be in the state for two weeks before they started because of the whole fourteen day period of if you travel to a place, and they want you to have been there for fourteen days at least before you enter the hospital.

So logistically there were a lot of things that needed to be worked out. But in the end—and graduation itself was virtual. There was no in-person ceremony. And that I attended as well. I actually thought that was a nice celebration as well, despite it being virtual. But it was definitely an interesting time to be entering the medical field as a doctor.

00:14:58

JS: I can imagine. What do you think, if any, will be the long term implications on the people who graduated during this time, or who are going through their last year of medical school like yourself right now?

00:15:20

MC: I think that—so there's a couple of things that come to mind. For the Class of 2020, I actually was really concerned about their, you know, the lack of kind of a break before they started their residency program. Residency is a very demanding, time-consuming part of your life and part of the—one of the amazing things about being a fourth-year medical student is,

typically, you have a lot of free time towards the end of your year. A lot of students will take trips and celebrate this big accomplishment but also give themselves a nice recharge before they go into this residency. And they couldn't do that.

So I was a little bit concerned about burnout and going—it was great, all the—especially, I'm very thankful for all the students or new doctors who decided to do the assistant physician position. Because they were a big help to the hospital. But I kind of was worried that the students who did that would work for six to eight weeks and essentially go from a very, very demanding, very intense work environment—having to care for very sick patients on the COVID units—directly to residency without having any break. So that was one of my concerns.

The other one being that—and this is something that I didn't actually think would affect me—or maybe some of the people who graduated last year—but the actual training that you get in residency. Residency is a finite amount of time and especially something like a surgical residency where you're learning a skill and the amount of practice you get on that skill really makes a difference and really increases your ability to perform that type of surgery and increases your confidence to be a surgeon. That was—I feel like there might be a ripple effect. Because during the height of the pandemic—and even throughout this whole past year—residents have had to help cover the COVID units.

For a couple of months in the very beginning, pretty much all elective surgeries were cancelled, so residents training in those specialties weren't able to practice those skills. And initially, I thought, well, I'm not in residency yet so it probably won't affect me. But when I was talking to my friend just the other week, actually, he was saying, Well, you know, the residents who were in training during that time, they might not feel as confident because they didn't get that experience. So now, when you come up during residency, they might be less willing to—or less able to—hand over the ropes and allow you to develop your skills.

And I hadn't thought about that. So I'm a little concerned about how this affects overall training to be a surgeon or to be a physician. I think, over time, it will hopefully balance out. Maybe more people will do fellowships or, I don't know, receive—you know, when you graduate from residency or fellowship, you're fully trained and you're supposed to just start working as an attending. And so I guess that's my biggest concern, is that: will people feel ready for that?

00:19:28

JS: That's really interesting. It's going to have some long term implications.

00:19:33

MC: Yeah.

00:19:35

JS: So to kind of transition a little bit to your personal experience—because you've talked a lot about your role as a senator and a facilitator for the medical students. But what was your routine like during quarantine? Or how was it different from what you would normally do on a daily basis?

00:19:59

MC: So given that I was in my research year, I didn't really feel like I missed out on any clinical training, which was good. But I—you know, any research that was not COVID-related was sort of suspended as well. And so, initially, in the first couple weeks I think I was just at home. Didn't really know what to do with myself. I got to spend some time with my dogs which is nice. But I ended up helping out with—there was a group of us students, and I think I got involved with this because I was the senator. But there was a group of like six or seven of us who became volunteer coordinators. Because it became clear that there might—we might not be able to be in the hospital learning, doing our clinical rotations, but there was definitely a need that we could potentially help out with.

So physicians and staff members would submit requests for help in an area that they—if they saw that they needed help with. For example, the visitors entrance—people being screened coming into the hospital. Of course, visitors in general were really not allowed to come to the hospital, but there were some exceptions. Like for children. I think they could have—if there was a child admitted to the hospital, they could have a parent. So these people needed to be screened. And medical students were able to help out with that. So I remember being home doing all this coordinating from my bedroom, basically. The students and I would receive requests from faculty members, and then we'd also receive the applications from the students who wanted to work or to help out in any way. And we would match the students with projects that were—that it seemed like they would be a good fit for them, based on their interests.

And then beginning of April, I, myself, got involved with one of these projects, and it was a clinical trial, using—investigating the use of convalescent plasma in patients with COVID. And I was really excited about this. I still am really excited about it because, as a medical student, you're not usually able to be involved with clinical trials because they typically require people who—that's their job. They are running the clinical trial. Whereas medical students have other responsibilities, and they can't dedicate themselves full time to a trial. So I did that, and as soon as I got involved with that—I think it was beginning to mid-April, my life—I felt such a relief because I was able to get out of the house and do something, and I felt like the work that I was doing was potentially going to help end the pandemic. And being a part of that was both good for my mental health and just, you know, I was hoping that it was good for society. So that's kind of how my life was from April to, I would say to mid-June. And then July is when I went back to medical school.

00:23:42

JS: That's great. And what was the return to medical school like? Did you just pick up where you left off, or did you resume, you know, assume new duties?

00:23:54

MC: So my fourth year of medical school was completely different from what I had expected. In a field like neurosurgery, typically applicants or candidates would do away rotations at different institutions. And usually you do this because, for yourself, you want to get to know a program and the best way to do that is to spend a month there learning about the place and the program. And it's also for the program to get to know you. They kind of call—they often call these rotations “audition rotations.”

And in neurosurgery, at least, it's often—if you do a rotation there, you will be offered an interview. And a lot of those candidates end up matching at a place where they did a rotation. So I think it was around April— March or April. March and April is usually when you apply for these rotations. And the Society of Neurological Surgeons came up—they actually published really good guidance for candidates and they said, Nobody is allowed to do away rotations this year. We really want to minimize travel, and instead we want you to do eight weeks at your home institution. And then they also said, Get two letters of recommendation from your home program and then you also need a letter from general surgery.

So I ended up doing just that. I did eight weeks in our Department of Neurosurgery here and four weeks on the trauma service here. And I think, in retrospect, I would have loved to do rotations elsewhere just so that I could get a sense of what other programs were like. At Stony Brook, we have a new neurosurgery program so I actually think I was in a pretty unique—in a good position because the department was really excited to teach. Now they have this residency program [and] everybody was so excited to have me and actually, our intern that we have, he was off service the first month so I kind of felt like I was the intern for the first month which was kind of nice for me.

And being in one place for eight weeks, I got to know the department really well, and by the end of the eight weeks I felt like I was actually doing more in the operating room and, you know, they had a good sense of where my knowledge was and my skill level was so I was given appropriate responsibility. And I don't think that I would have really been—I would not have had that opportunity at other institutions because four weeks is really not a lot of time, and usually in these away rotations you're not doing four weeks all at one hospital. They'll have you do two weeks with their county hospital or two or one week here.

So it's more of, they get to know you as a person, and are you somebody they'd like to work with. And you get to know the place and the program, but in terms of level of ability to actually be involved in cases and stuff, I feel like I actually got a really good experience here. So yeah, that was how I started off my fourth year.

00:27:35

JS: That's great. Okay. What would you like people to know about your experience during this time of your life? You know, just about your experiences through COVID-19 in general? What would be the most impactful thing that you would want to share?

00:28:01

MC: Wow, that's a very big question. You know, I think the biggest thing that COVID has taught me personally—and probably other people might share this view—is that we need to be flexible and adaptable. I'm the type of person that sees—I always say I see the world through rose-colored glasses because I really do try to see the silver linings in every situation. And you know, with not being able to—doing away rotations, for example. I just spoke about my experience here at Stony Brook which was a really good one, and so I kind of feel like, while I would have loved, I'm sure, rotating at other hospitals, I think I still had a great experience here.

And then just personally—I am a very social person. I just miss being able to—I used to go into the admin office of our medical school and just say hi to everyone, and I just miss that kind of life. Just being able to say hello to people in person and even after hours—going out and getting dinner with my friends. On the same token, one of the things I love to do is—I like ballet. And I used to love going to the ballet, and there are no performances going on right now. A lot of my favorite principal dancers are doing online classes so I've actually been able to take ballet class with some of my favorite principal dancers which is kind of cool. So I think being able to see the bright side of things and also just being flexible are the two things that I would take from this.

00:30:18

JS: That's fantastic. Definitely lessons to come out of this year, for sure.

00:30:26

MC: Yeah.

00:30:27

JS: Is there anything else that we didn't talk about today that you would want to share—about your experience at Stony Brook or just with the pandemic in general?

00:30:40

MC: I guess the only other thing that we didn't talk about was the virtual interview season for residency. My friend who is an intern here, he did away rotations and did interviews in person last year. And he told me he spent between \$20,000 and \$25,000.

00:31:03

JS: Wow.

00:31:04

MC: Just doing that. So again, the silver lining is that I got to save that money which is really nice, but—You know, I just submitted my rank order list for residency programs on Wednesday, and as I was trying to come up with a list, I just found it so difficult to really differentiate the programs because I didn't have—I never—some of these places I've never even visited. So I was looking at my list just before this and there—about half of the programs that I ranked, I have not been to those cities at all. And only two of the programs that I ranked have I even been to the hospital.

So it's possible that I'm going to match to a program where I've never even been to that city. Which is just kind of—it makes me a little apprehensive. [But] I know I'm very adventurous, and it's not—like, I ranked based on where I really thought I would want to go. And I didn't allow myself to worry so much about whether I had been to that city before, but I know that you know if I get my top choice, for example, it's a city that I've never been to. I know that it's going to be a little scary to just pick up and move there. And the match is a binding contract. So when you match somewhere, you are going to be going there. I definitely appreciate saving the money on not having to travel to all these different programs, but making my rank list was harder.

And there's something we didn't talk about, was how that affects—So I went on thirty-four interviews which is a lot. I would not have been able to go on any—I would not have been able to go on that many last year. The average for neurosurgery I think is like sixteen, eighteen programs. So I pretty much doubled that. And some of my friends—some of what's happening in other specialties is because you can just basically—[you] just have to be available that day you don't have to worry about, oh, can I travel from New York to LA [Los Angeles] to get to this interview?

You just have to have the hours free. Some people were scheduling two interviews in a day which is great for that person, but then you're also holding interview spots that—you know, other people might not be getting as many interviews because these other applicants are going on so many. So this might affect the supplemental offer, the SOAP [Supplemental Offer and Acceptance Program]. Usually Monday of Match Week we find out if we matched, and if you don't match, then you can go through this SOAP program—this supplemental offer. So basically any—the programs that have unmatched positions, the people who didn't match can apply for those positions and then hopefully achieve a match in the end. And I'm wondering—I don't know, we'll find out in a couple weeks—but I'm wondering if there is going to be more positions available in the SOAP and more people who need to SOAP because of the sort of mismatch between the number of interviews being offered and the number of interviews being done by a lot less people.

So we'll see.

00:34:55

JS: Did you feel like you got a feel for the program doing virtual interviews, or did you feel that it was potentially a disadvantage for making your selections?

00:35:13

MC: You know, I think more of the culture of the program did shine through than I initially thought. There were a couple of programs that really stood out to me where I remember writing down, oh these residents seem great. They have—they just seem like they all really like each other and get along. But it's hard. I think what I personally really missed out on was getting to know different types of programs. So I really wish I had a feeling of like, oh, this is a really busy trauma center. Or, oh, they're really good at—their resident call schedule is like this. Or they do a night float. And what that really means, versus—because an interview day is still just a day.

My friend who went through this process last year, he was like, “you know the programs where I did my rotations at, I really had a good feeling for what they were like, but the programs that I just interviewed at, it's one day. You're really not going to get to know the program that well.”

So my personal feeling is that away rotations, if they can come back next year, would be beneficial to the candidates because they can really get to know the program. But virtual interviews, they're not the worst thing. But yeah, I definitely think you missed out on some of that experience. And the other thing is getting to know people on the trail.

So there's this whole concept of—you start seeing the same people at different interviews. In a field like neurosurgery, at least, that's kind of small. And I made one friend this year on the virtual interview trail. That's how you kind of get to know their home programs. You know, somebody who interviewed at Stony Brook and they know I'm a Stony Brook student, they can be like, Oh, what's it really like there? Can you tell me about your volume or your didactic schedule? We didn't really have—I don't have any friends (laughs) so I don't have anybody to ask, you know.

00:37:25

JS: I'm sure you'll make up for it once you get to your match.

00:37:28

MC: Yeah, hopefully.

00:37:31

JS: So just one last question just to end on a positive note. What are you most looking forward to in the near future?

00:37:45

MC: (sighs) I mean, it's so hard because I'm about to start a residency program where I'm going to be working a lot so I would like to say that I'm looking forward to things getting back to quote unquote "normal," even if that means we're all still wearing masks. I don't know what that really looks like — what the new normal is going to be. But I miss being able to just go out and meet people. Personally, I'm still single. It's so funny because I was out with my mom having dinner, and I was looking around and the bar had literal boundaries between every two seats. So I was like, Look, I can't even start a conversation with a stranger.

So, yeah. I think I'm just looking forward to being able to go out again. See ballet again. I'd love to see a ballet performance in person again. And travel. I love to travel. But all of those things are probably going to be minimal anyway as an intern. So I don't know.

00:39:09

JS: Okay, well, I want to thank you so much for your time and all of your insights and sharing your experience with us. And I wish you all the best in your future.

00:39:20

MC: Thank you.

00:39:20

JS: Thanks, Megan

[end of interview]